

Supplemental Tuberculin Product Reagent Request Form

United States Department of Agriculture

Animal and Plant Health Inspection Service

Veterinary Services

National Veterinary Services Laboratories

1920 Dayton Avenue P.O. Box 844 Ames, IA 50010

(515) 337-7151 FAX (515) 337-7284 A supplemental tuberculin product order form is being required to better allow the NVSL Brucella and Mycobacteria Reagent Team staff to evaluate the quantity of tuberculin PPD required and possible vial volume best suited for scheduled testing. The table to the right may assist in calculating the vial size and quantity to order. Please complete the information below and email or fax this form along with the VS

Average Number of			
tests per vial 131-B10 75-80			
131-B5	35-40		
131-B1	5-6		
31-BAL	5-6		
30-BAL	5-6		

Form 4-9 directly to the NVSL User Fees Group at nvsl_concerns@aphis.usda.gov or (515) 337-7402

If questions arise please feel free to contact:

Randy Capsel at randy.t.capsel@aphis.usda.gov

Teresa M. Sigafoose-Grimm at Teresa.m.sigafoose@aphis.usda.gov

Please continue to follow the same instructions when submitting to NVSL the required reagent request form (VS Form 4-9). Thanks!!

This form will be required for all tuberculin orders. Please only order enough tuberculin for a <u>3 MONTH SUPPLY</u>.

# Animals To Test	¹ Scheduled Testing Dates	² Past Use History	Date Reagent Required By	Comments

¹ Scheduled Testing Dates – Known dates when testing will be conducted

Current inventory on hand

131-B10		30-BAL		
131-B5		31-BAL		
131-B1				

Requested By (Printed Name):						
Phone:	Email:					
Signature:		Date:				



² Past Use History - To be completed when Scheduled Testing Dates are Unknown. Based off of product distribution from last order